

Entity Number 139330 Applicant's Form Identifier 8B
Contact Person Jimmy O. Ito/Sombrack Contact Telephone Number (318) 445-3606 Ext 227

Worksheet

Page 2 of 2

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

9a List entities and calculate discount(s):

School District or Library System Name:

School District or Library System Entity Number: 139330 (For Administrator's Use)

[illegible]

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.)
Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.

LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.

CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.

				
		720		810
				
				

Entity Number		Applicant's Form Identifier	
Contact Person	Phone Number		
Block 5: Discount Funding Request(s)			
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.			
Block 5, page 1 of 5			
FRN			
If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:			
Category of Service (only ONE category should be checked)		Calculations	
PRIORITY 1 Telecommunications Service	PRIORITY 2 Internal Connections Other than Basic Maintenance	A. Monthly charges (total amount per month for service)	
Internet Access	Basic Maintenance of Internal Connections	B. How much of the amount in A is ineligible?	
Form 470 Application Number		C. Eligible monthly pre-discount amount (A minus B)	
SPIN - Service Provider Identification Number		D. Number of months service provided in funding year	
Service Provider Name		E. Annual pre-discount amount for eligible recurring charges (C x D)	
Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		F. Annual non-recurring charges	
Contract Number		G. How much of the amount in F is ineligible?	
Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		H. Annual eligible pre-discount amount for non-recurring charges (F minus G)	
Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		I. Total funding year pre-discount amount (E + H)	
Billing Account Number (e.g., billed telephone number)		J. Discount from Block 4 Worksheet	
Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		K. Funding Commitment Request (I x J)	
Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		Attachment	
Contract Award Date (mm/dd/yyyy)		SHEET A	
Service Start Date (mm/dd/yyyy)		139330	
Service End Date (mm/dd/yyyy)			
Contract Expiration Date (mm/dd/yyyy)			
Description of This Service: You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.			
Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):	

SHEET A - Attachment to Form 471, Block 5, item 21

Description of Services - T-1 Frame Relay Circuit

Monthly Installation

Broadband Line from customer premise to Wire Center
at 1.536 Mbps

102.00

Frame Relay Service , customer connection
at 1.536 Mbps

240.00

Frame Relay Service Feature Charge per additional
DLCI, per customer connection

1.00

Misc. charges

3.25

Frame Relay Service, CIR per DLCI, O Kbps

2.00

348.25

Location

Phone No.

1 Martin Branch - 801 West Shamrock St., Pineville, La. 318-442-7575

348.25

0

2 Boyce Branch - 500 A Ulster, Boyce, La.

318-793-2182

348.25

0

3 Hinston Branch - 1839 Hwy 121, Hinston, La.

318-793-8461

348.25

0

4 Gunter Branch - 5630 Hwy 28 East, Pineville, La.

318-443-7259

348.25

0

5 Fuhrer Branch - 1264 Canterbury, Alexandria, La.

318-442-2483

348.25

0

6 Johnson Branch - 1610 Veterans Dr, Lecompete, La. 318-776-5153

348.25

0

7 King Branch - 3311 Third St., Alexandria, La.

318-445-3912

348.25

0

8 Main Branch - 411 Washington St, Alexandria, La.

318-445-2411

348.25

0

9 Robertson Branch - 809 Tioga High Road, Ball, La.

318-640-3098

348.25

0

1 Glenmora Branch - 1120 7th St, Glenmora, La.

318-748-4848

509.75

972.50

(This location is priced differently because it is located in
an independent telco territory)

3,644.00

972.50

Entity Number <u>139330</u>		Applicant's Form Identifier <u>8B</u>	
Contact Person <u>Jimmy O. Holsemback Jr.</u>		Phone Number <u>318-445-6436 ext 227</u>	

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 2 of 5

<p>10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:</p> <p>11 Category of Service (only ONE category should be checked)</p> <p><input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service</p> <p><input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance</p> <p><input type="checkbox"/> Internet Access</p> <p><input type="checkbox"/> Basic Maintenance of Internal Connections</p> <p>12 Form 470 Application Number</p> <p>13 SPIN - Service Provider Identification Number</p> <p>14 Service Provider Name</p> <p>15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.</p> <p>15b Contract Number</p> <p>15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).</p> <p>15d <input checked="" type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:</p> <p>16a Billing Account Number (e.g., billed telephone number)</p> <p>16b <input checked="" type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.</p> <p>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)</p> <p>18 Contract Award Date (mm/dd/yyyy)</p> <p>19 Service Start Date (mm/dd/yyyy)</p> <p>20a Service End Date (mm/dd/yyyy)</p> <p>20b Contract Expiration Date (mm/dd/yyyy)</p> <p>21 Description of This Service: You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.</p> <p>22 Entity/Entities Receiving This Service:</p>		<p>23 Calculations</p> <p>A. Monthly charges (total amount per month for service)</p> <p>B. How much of the amount in A is ineligible?</p> <p>C. Eligible monthly pre-discount amount (A minus B)</p> <p>D. Number of months service provided in funding year</p> <p>E. Annual pre-discount amount for eligible recurring charges (C x D)</p> <p>F. Annual non-recurring charges</p> <p>G. How much of the amount in F is ineligible?</p> <p>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</p> <p>I. Total funding year pre-discount amount (E + H)</p> <p>J. Discount from Block 4 Worksheet</p> <p>K. Funding Commitment Request (I x J)</p> <p>Attachment</p>	
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SHEET B1

FORM 471 - BLOCK 5, ITEM 16B

<u>Location</u>	<u>Billing Acct. No.</u>
Gunter Branch	318-443-7259-135-0519
Fuhrer Branch	318-442-2483-410-0518
Martin Branch	318-442-7575-114-0510
Boyce Branch	318-793-2182-100-0516
Hineston Branch	318-793-8461-058-0515
Administration	318-619-9522-444-0513
Huie Dellmon Bldg.	318-445-6436-244-0518
Interlibrary Loans	318-448-8125-286-0514
Johnson Branch	318-776-5153-347-0510
King Branch	318-445-3912-234-0515
Main Branch	318-445-2411-313-0516
Robertson Branch	318-640-3098-427-0513

SHEET B1 - FORM 471, BLOCK 5, ITEM 21

BELL SOUTH COMMUNICATIONS

<u>Location</u>	<u>Billing Acct. No.</u>
Gunter Branch	318-443-7259-135-0519
Fuhrer Branch	318-442-2483-410-0518
Martin Branch	318-442-7575-114-0510
Boyce Branch	318-793-2182-100-0516
Hineston Branch	318-793-8461-058-0515
Administration	318-619-9522-444-0513
Huie Dellmon Bldg.	318-445-6436-244-0518
Interlibrary Loans	318-448-8125-286-0514
Johnson Branch	318-776-5153-347-0510
King Branch	318-445-3912-234-0515
Main Branch	318-445-2411-313-0516
Robertson Branch	318-640-3098-427-0513

Monthly Telecommunication Service - Local service lines

**Twenty six (26) phone lines, Seven (7) fax lines,
& Five (5) phone/fax lines**

Average monthly bill - \$2,140.00

Entity Number <u>139330</u>		Applicant's Form Identifier <u>8B</u>	
Contact Person <u>Jimmy O. Akombach Jr.</u>		Phone Number <u>(318) 445-6436</u> <u>Ext 227</u>	

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 1

10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:			
11 Category of Service (only ONE category should be checked) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> Internet Access </div> <div> <input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections </div> </div>		23 Calculations	
12 Form 470 Application Number		Recurring Charges	A. Monthly charges (total amount per month for service)
13 SPIN – Service Provider Identification Number			B. How much of the amount in A is ineligible?
14 Service Provider Name			C. Eligible monthly pre-discount amount (A minus B)
15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.			D. Number of months service provided in funding year
15b Contract Number		Non-Recurring Charges	E. Annual pre-discount amount for eligible recurring charges (C x D)
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).			F. Annual non-recurring charges
15d <input checked="" type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:			G. How much of the amount in F is ineligible?
16a Billing Account Number (e.g., billed telephone number)			H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		Total Charges	I. Total funding year pre-discount amount (E + H)
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)			J. Discount from Block 4 Worksheet
18 Contract Award Date (mm/dd/yyyy)			K. Funding Commitment Request (I x J)
19 Service Start Date (mm/dd/yyyy)			
20a Service End Date (mm/dd/yyyy)			
20b Contract Expiration Date (mm/dd/yyyy)			
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.			
22 Entity/Entities Receiving This Service:		Attachment	
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):			

SHEET B2 - FORM 471, BLOCK 5, ITEM 21

A T & Corporation

<u>Location</u>	<u>Billing Acct. No.</u>
Gunter Branch	318-443-7259-135-0519
Fuhrer Branch	318-442-2483-410-0518
Martin Branch	318-442-7575-114-0510
Boyce Branch	318-793-2182-100-0516
Hineston Branch	318-793-8461-058-0515
Administration	318-619-9522-444-0513
Huie Dellmon Bldg.	318-445-6436-244-0518
Glenmora Branch	318-748-4848
Interlibrary Loans	318-448-8125-286-0514
Johnson Branch	318-776-5153-347-0510
King Branch	318-445-3912-234-0515
Main Branch	318-445-2411-313-0516
Robertson Branch	318-640-3098-427-0513

**Monthly Telecommunication Service - Long distance service,
17 phone lines, 7 fax lines, 5 phone/fax lines.**

Account No. 0301596440001 - Average monthly billing - \$212.00

Entity Number <u>139330</u>		Applicant's Form Identifier <u>8B</u>	
Contact Person <u>Jimmy O. Halsbach Jr.</u>		Phone Number <u>(318) 445-6436 Ext 227</u>	

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 1

<p>10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:</p>		<p>23 Calculations</p>	
<p>11 Category of Service (only ONE category should be checked)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service</p> <p><input type="checkbox"/> Internet Access</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance</p> <p><input type="checkbox"/> Basic Maintenance of Internal Connections</p> </div> </div>		<p>Recurring Charges</p> <p>A. Monthly charges (total amount per month for service)</p> <p>B. How much of the amount in A is ineligible?</p> <p>C. Eligible monthly pre-discount amount (A minus B)</p> <p>D. Number of months service provided in funding year</p> <p>E. Annual pre-discount amount for eligible recurring charges (C x D)</p>	
<p>12 Form 470 Application Number</p> <p>13 SPIN – Service Provider Identification Number</p> <p>14 Service Provider Name</p>		<p>Non-Recurring Charges</p> <p>F. Annual non-recurring charges</p> <p>G. How much of the amount in F is ineligible?</p>	
<p>15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.</p> <p>15b Contract Number</p> <p>15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).</p> <p>15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:</p>		<p>Total Charges</p> <p>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</p> <p>I. Total funding year pre-discount amount (E + H)</p> <p>J. Discount from Block 4 Worksheet</p> <p>K. Funding Commitment Request (I x J)</p>	
<p>16a Billing Account Number (e.g., billed telephone number)</p> <p>16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.</p> <p>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)</p> <p>18 Contract Award Date (mm/dd/yyyy)</p> <p>19 Service Start Date (mm/dd/yyyy)</p> <p>20a Service End Date (mm/dd/yyyy)</p> <p>20b Contract Expiration Date (mm/dd/yyyy)</p>		<p>Attachment</p>	
<p>21 Description of This Service: You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.</p>			
<p>22 Entity/Entities Receiving This Service:</p>		<p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):</p>	

SHEET B3 - FORM 471, BLOCK 5, ITEM 21

Century Tel of Central Louisiana

Monthly local telecommunication service for the
Glenmora Branch - local, long distance and fax

Telephone no. - 318-748-4848

Account no. - 300150747 - Average monthly bill - \$90.00

Entity Number <u>139330</u>		Applicant's Form Identifier <u>8B</u>	
Contact Person <u>Jimmy Holcomb</u>		Phone Number <u>(318) 445-6436</u> <u>Ext 227</u>	

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5/page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 0005 of 0005

10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:		23 Calculations	
11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Internet Access <input type="checkbox"/> Basic Maintenance of Internal Connections		Recurring Charges A. Monthly charges (total amount per month for service) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
12 Form 470 Application Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		B. How much of the amount in A is ineligible? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
13 SPIN – Service Provider Identification Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		C. Eligible monthly pre-discount amount (A minus B) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
14 Service Provider Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		D. Number of months service provided in funding year <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		E. Annual pre-discount amount for eligible recurring charges (C x D) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
15b Contract Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		F. Annual non-recurring charges <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		G. How much of the amount in F is ineligible? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
16a Billing Account Number (e.g., billed telephone number) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		I. Total funding year pre-discount amount (E + H) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		J. Discount from Block 4 Worksheet <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		K. Funding Commitment Request (I x J) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
18 Contract Award Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Total Charges <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
19 Service Start Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Attachment <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
20a Service End Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		21 Description of This Service: You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.	
20b Contract Expiration Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):	

SHEET B4 - FORM 471, BLOCK 5, ITEM 21

Cingular Wireless

Cell phone service for eight (8) wireless cell phone users
Cell phone service - local and long distance

318-201-0865
318-201-0866
318-201-6437
318-446-6436
318-447-0207
318-623-7033
318-623-8834
318-623-8835

Account no. - 3218588400132 - Average monthly billing - \$176.00

Entity Number 139330 Applicant's Form Identifier 8B
 Contact Person Jimmy O. Holsomback Jr Phone Number (318) 445-6436 Ext 227

Block 6: Certifications and Signature

24 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a	Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	
b	Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	
c	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	
d	Total budgeted amount allocated to resources not eligible for E-rate support	
e	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	
f	<input checked="" type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.	

26 ☒ I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):

- a ☒ an individual technology plan for using the services requested in this application; and/or
- b ☒ higher-level technology plan(s) for using the services requested in this application; or
- c ☒ no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.

27 ☒ I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s), or any representative or agent thereof or any consultant in connection with this request for services.

30 ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity Number 139330 Applicant's Form Identifier 8B
 Contact Person Jimmy O. Holsomback Jr. Phone Number (318) 445-6436 Ext 227

- 31 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 33 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.
- 34 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible components as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1), (2).
- 36 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).
- 37 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38	Signature of authorized person <u>Jimmy O. Holsomback Jr.</u>	39	Date <u>02/02/2007</u>
40	Printed name of authorized person <u>JIMMY O. HOLSOMBACK JR.</u>		
41	Title or position of authorized person <u>3RD VICE PRESIDENT</u>		
42a	Street Address, P.O. Box, or Route Number <u>4711 W. 3RD ST.</u>		
	City <u>ALEXANDRIA</u>		
	State <u>LA</u>	Zip Code <u>71301</u>	
42b	Telephone number of authorized person <u>318 445 6436</u>	Ext <u>227</u>	42c Fax number of authorized person <u>318 445 6196</u>
42d	E-mail address of authorized person <u>JOH@RPL.ORG</u>		
42e	Name of authorized person's employer <u>STEVE ROGGE</u>		

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this *Services Ordered and Certification Form (FCC Form 471)* with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**

Entity Number <u>139330</u>		Applicant's Form Identifier <u>8B</u>	
Contact Person <u>Jimmy Holcomb</u>		Phone Number <u>(318) 445-6436</u> <u>Ext 227</u>	

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5/page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 0005 of 0005

10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:	
11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Internet Access <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations A. Monthly charges (total amount per month for service) B. How much of the amount in A is ineligible? C. Eligible monthly pre-discount amount (A minus B) D. Number of months service provided in funding year E. Annual pre-discount amount for eligible recurring charges (C x D) F. Annual non-recurring charges G. How much of the amount in F is ineligible? H. Annual eligible pre-discount amount for non-recurring charges (F minus G) I. Total funding year pre-discount amount (E + H) J. Discount from Block 4 Worksheet K. Funding Commitment Request (I x J)
12 Form 470 Application Number 13 SPIN - Service Provider Identification Number 14 Service Provider Name 15a <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. 15b Contract Number 15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: 16a Billing Account Number (e.g., billed telephone number) 16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 18 Contract Award Date (mm/dd/yyyy) 19 Service Start Date (mm/dd/yyyy) 20a Service End Date (mm/dd/yyyy) 20b Contract Expiration Date (mm/dd/yyyy)	Non-Recurring Charges Total Charges
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.	
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):	



RAPIDES PA

411 Washington Street

January 13, 2005

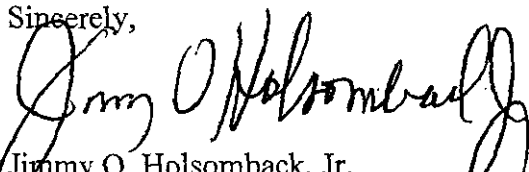
SLD-Form 470
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046

Dear Ms Smith:

Enclosed is School & Libraries Universal Service, Description of Services Requested and Certification Form 470 for funding year July 1, 2005 to June 30, 2006.

I can be contacted at (318) 445-6436, ext. 227, if there are any problems with this form.

Sincerely,


Jimmy O. Holsomback, Jr.
Business Manager

certified

U.S. Postal Service™ Delivery Confirmation™ Receipt

Postage and Delivery Confirmation fees must be paid before mailing.

Article Sent To: (to be completed by mailer)

(Please Print Clearly)

SLD-Form 470
3833 Greenway Dr.
Lawrence, KS 66046

DELIVERY CONFIRMATION NUMBER: 9724 4226 ETEB 0000 095T 40ED 1560 83E



POSTAL CUSTOMER:

Keep this receipt. For inquiries:
Access internet web site at
www.usps.com
or call 1-800-222-1811

CHECK ONE (POSTAL USE ONLY)

- ☐ Priority Mail™ Service
☐ First-Class Mail® parcel
☐ Package Services parcel

(See Reverse)

PS Form 152, May 2002

Steve Rogge, Director

Main Library

411 Washington Street
Alexandria, LA 71301-8338

Administrative Offices 445-6436
Circulation 445-2411
Reference 442-1840
Collections Management 442-1858
Red Carpet Van 445-6436
Bookmobile 445-6436
Preschool Outreach Project 445-6436

Boyce Branch
Boyce, LA 71409

Fuhrer Branch
Alexandria, LA 71303

Glenmora Branch
Glenmora, LA 71433

Gunter Branch-Libuse
Pineville, LA 71360

Hineston Branch
Hineston, LA 71438

Johnson Branch
Lecompte, LA 71346

Martin Luther King, Jr. Branch
Alexandria, LA 71302

Martin Branch
Pineville, LA 71360

Robertson Branch
Pineville, LA 71360

Schools and Libraries Universal Service
Description of Services Requested and Certification Form 470

Estimated Average Burden Hours Per Response: 4 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator Web Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org)

Applicant's Form Identifier (Create your own code to identify THIS Form 470) <div style="font-size: 2em; font-family: cursive; margin-top: 10px;">8B</div>	Form 470 Application #: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <small>(To be inserted by Fund Administrator)</small>								
Block 1: Applicant Address and Identifications									
<div><div>1 Name of Applicant <div style="font-size: 1.5em; font-family: cursive; margin-top: 10px;">Rapides Parish Library</div></div><div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>2 Funding Year July 1, 2005 through June 30, 2006</div><div>3 Your Entity Number 139330</div></div><div style="margin-top: 20px;">4a Street Address, P.O. Box, or Route Number 411 Washington St.</div><div style="margin-top: 20px;">City Alexandria</div><div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>State LA.</div><div>Zip Code 71301</div></div><div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>b Telephone Number (318) 445-6436</div><div>Ext 227</div><div>c Fax Number (318) 445-6196</div></div><div style="margin-top: 20px;">d E-mail Address john@RPL.org</div><div style="margin-top: 20px;">5 Type of Application <table style="width: 100%; border: none;"><tr><td style="width: 30%;">Individual School</td><td>(individual public or non-public school)</td></tr><tr><td>School District</td><td>(LEA; public or non-public [e.g. diocesan] local district representing multiple schools)</td></tr><tr><td><input checked="" type="checkbox"/> Library</td><td>(including library system, library branch or library consortium applying as a library)</td></tr><tr><td>Consortium</td><td>(intermediate service agencies, states, state networks, special consortia)</td></tr></table></div></div>		Individual School	(individual public or non-public school)	School District	(LEA; public or non-public [e.g. diocesan] local district representing multiple schools)	<input checked="" type="checkbox"/> Library	(including library system, library branch or library consortium applying as a library)	Consortium	(intermediate service agencies, states, state networks, special consortia)
Individual School	(individual public or non-public school)								
School District	(LEA; public or non-public [e.g. diocesan] local district representing multiple schools)								
<input checked="" type="checkbox"/> Library	(including library system, library branch or library consortium applying as a library)								
Consortium	(intermediate service agencies, states, state networks, special consortia)								



Entity Number 139330 Applicant's Form Identifier 8B
Contact Person Jimmy O. Holsomback Jr. Contact Telephone Number (318) 445-6436

Block 1: Applicant Address and Identifications (continued)

6a Contact Person's Name

Jimmy O. Holsomback Jr.

First, fill in every item of the Contact Person's information below that is different from Item 4, above. Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)

b Street Address, P.O. Box, or Route Number

411 Washington St.

City

Alexandria

State

LA, Zip Code 71301

☒ c Telephone Number

(318) 445-6436

Ext.

227

☐ d Fax Number

(318) 445-6196

e E-mail Address

joh@RPL.org

Block 2: Summary Description of Needs or Services Requested

7 This Form 470 describes (check all that apply):

- ☒ a Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.
- ☒ b Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.
- ☒ c Services for which a new written contract is sought for the funding year in Item 2.
- ☐ d A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470.

What kinds of service are you seeking: Telecommunications Services, Internet Access, or Internal Connections? Refer to the Eligible Services List at www.sl.universalservice.org for examples. Check the relevant category or categories (8, 9, and/or 10 below), and answer the questions in each category you select.



Entity Number 139330 Applicant's Form Identifier 8 B
Contact Person Jimmy G. Kolbomback Jr. Contact Telephone Number (318) 445-6436

Block 2: Summary Description of Needs or Services Requested (Continued)

8 Telecommunications Services ☒ Item 8, page of

Do you have a Request for Proposal (RFP) that specifies the services you are seeking?

a YES, I have an RFP. It is available on the Web at:

or via (check one)

the Contact Person in Item 6 or

the contact listed in Item 11.

b

NO, I do not have an RFP for these services.

If you answered NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Telecommunications Services. Remember that only eligible telecommunications providers can provide these services under the universal service support mechanism. Add additional pages if needed.

Service or Function

1) Quantity and/or Capacity

Local telephone service for (10) ten
Library buildings

Service or Function

2) Quantity and/or Capacity

Long distance service for (10) ten
Library buildings

Service or Function

3) Quantity and/or Capacity

Wireless telephone service for specified
cell phone users

Service or Function

4) Quantity and/or Capacity

T1 data lines for (10) ten
Library buildings

Service or Function

5) Quantity and/or Capacity



Entity Number 139330 Applicant's Form Identifier 8B
Contact Person Jimmy O. Holsonbach Jr. Contact Telephone Number (318) 445-6436

Block 2: Summary Description of Needs or Services Requested (Continued)

9 Internet Access

Item 9, page

of

Do you have a Request for Proposal (RFP) that specifies the services you are seeking?

a YES, I have an RFP. It is available on the Web at:

or via (check one)

the Contact Person in Item 6 or

the contact listed in Item 11.

b NO, I do not have an RFP for these services.

If you answered NO, you must list below the Internet Access services you seek. Specify each service or function (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internet Access services. Add additional pages if needed.

Service or Function

1) Quantity and/or Capacity

Service or Function

2) Quantity and/or Capacity

Service or Function

3) Quantity and/or Capacity

Service or Function

4) Quantity and/or Capacity

Service or Function

5) Quantity and/or Capacity



0 4 7 0 0 1 0 4 0 3

Entity Number	<u>139330</u>	Applicant's Form Identifier	<u>8 B</u>
Contact Person	<u>Jimmy O. Holsomback Jr</u>	Contact Telephone Number	<u>(318) 445-6436</u>

Block 2: Summary Description of Needs or Services Requested (Continued)

10 Internal Connections

Item 10, page of

Do you have a Request for Proposal (RFP) that specifies the services you are seeking?

a YES, I have an RFP. It is available on the Web at:

or via (check one)

the Contact Person in Item 6 or

the contact listed in Item 11.

b NO, I do not have an RFP for these services.

If you answered NO, you must list below the Internal Connections services you seek. Specify each service or function (e.g., local area network) and quantity and/or capacity (e.g., connecting 10 rooms and 300 computers at 56kps or better). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internal Connections services. Add additional pages if needed.

Service or Function

1) Quantity and/or Capacity

Service or Function

2) Quantity and/or Capacity

Service or Function

3) Quantity and/or Capacity

Service or Function

4) Quantity and/or Capacity

Service or Function

5) Quantity and/or Capacity



Entity Number

139330

Applicant's Form Identifier

8B

Contact Person

Jimmy O. Holcomb, Jr.

Contact Telephone Number

(318) 445-6436

Block 2: Summary Description of Needs or Services Requested (Continued)

- 11 (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name

LAURA E/lin Ayres

Title

Systems Librarian

Telephone Number

(318) 445-2411

Ext

208

Fax Number

(318) 445-6478

E-mail Address

LEAyres@RPL.org

- 12 Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or provide a Web address where they are posted and a contact name and telephone number for service providers without Internet access.

- 13 If you intend to enter into a multi-year contract based on this posting or a contract featuring an option for voluntary extensions, you may provide that information below. If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely timeframes).



0 4 7 0 0 1 0 6 0 3

Entity Number 139330 Applicant's Form Identifier 8B
Contact Person Jimmy O. Holsomback Jr. Contact Telephone Number (318) 445-6436

Block 3: Technology Assessment

- 14 **Basic telephone service only:** If your application is for basic local and/or long distance telephone service (wireline or wireless) only, check this box and skip to Item 16.
- 15 Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in a through e. You may provide details for purchases being sought.

Desktop software: Software required

☒ a. has been purchased; and/or is being sought.

Electrical systems:

☒ b. adequate electrical capacity is in place or upgrading for electrical capacity is being sought.
has already been arranged; and/or

Computers: a sufficient quantity of computers

☒ c. has been purchased; and/or is being sought.

Computer hardware maintenance: adequate arrangements

☒ d. have been made; and/or are being sought.

Staff development:

☒ e. all staff have had an appropriate level of training is being sought.
training/additional training has already
been scheduled; and/or

f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.

Block 4: Recipients of Service

16 Eligible Entities That Will Receive Services:

Check the ONE choice (a, b or c) that best describes this application and the eligible entities that will receive the services described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.

a Individual school or single-site library.

b Statewide application for (enter 2-letter state code) representing (check all that apply):

All public schools/districts in the state.

All non-public schools in the state.

All libraries in the state.

Does your statewide application include INELIGIBLE entities? No Yes. If yes, complete item 18.



0 4 7 0 0 1 0 7 0 3

Entity Number 139330 Applicant's Form Identifier 8B
 Contact Person Jimmy O. Holstromback Jr. Contact Telephone Number (318) 445-6436

Block 4: Recipients of Service (Continued)

16c School district, library system, or consortium application to serve Item 16c, page of
 multiple eligible entities:

Number of eligible entities 11

For these eligible entities, please provide the following:

Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of 7-digit phone number)
1) <u>318</u>	<u>442, 443, 445, 447, 448, 449, 481</u>
2) <u>318</u>	<u>640, 748, 776, 793, 619</u>
3) <u>318</u>	<u>201, 623</u>
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	
14)	

Does your application include any INELIGIBLE entities?

No

Yes. If yes, complete item 18.

